

CLAIMS ONLY						Application Number <i>10/619233</i>	Filing Date			
						Applicant(s)				
<i>05-17-05</i>						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend				Indep
1			/				61			
2							52			
3				/			53			
4				/			54			
5				/			55			
6				/			56			
7			/				57			
8			/				58			
9				/			59			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep			4				Total Indep			
Total Depend			5				Total Depend			
Total Claims			9				Total Claims			